



Section/division:  
Telephone number:  
Physical address:  
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PERSONNEL LICENSING  
0860 267 435

Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng

Private Bag X73, Halfway House 1685

Form Number: CA 60-01

E-mail PEL.FSTD@caa.co.za

Website: [www.caa.co.za](http://www.caa.co.za)

DETAILS OF BANK ACCOUNT FOR PAYMENT OF PRESCRIBED FEE

Bank: Standard Bank of SA Ltd Branch: Brooklyn, Pretoria Branch Code: 011245 Account Number: 013007971

COMPULSORY CLIENT PAYMENT CODE (to be completed on deposit slip)

Service/transaction Over the counter payments EFT, Internet, Wire, Electronic payments

Fees: See  
CAR Part 187

**APPLICATION FOR THE QUALIFICATION OF A  
FLIGHT SIMULATION TRAINING DEVICE (FSTD)**

Please mark the applicable block:

APPLICATION FOR THE *ISSUE* OF AN FSTD QUALIFICATION (Sec 1, 2, 3, 6 & 8)

APPLICATION FOR THE *AMENDMENT* OF AN FSTD QUALIFICATION (Sec 1, 2, 4, 6, 7 & 8)

APPLICATION FOR THE *REVALIDATION* OF AN FSTD QUALIFICATION (Sec 1, 2, 5, 6 & 8)

**NOTES:**

- An application for the issuing of an FSTD qualification to conduct standard aviation training, or amendment thereof, must comply with the provision of CAR Part 60 and SACAA-FSTD A/ H.
- An application for the renewal of an FSTD qualification to conduct standard aviation training, must comply with provisions of CAR Part 60 and SACAA-FSTD A/ H.
- Section 1, 2 and 8 of this form must be completed in all cases.
- All other sections must be completed if applicable to this specific application.
- Where the required information cannot be furnished in the space provided, the information must be submitted as a separate memorandum and attached hereto.
- Please leave blank where not applicable or strike through wording that is not applicable.

**1. PARTICULARS REGARDING THE APPLICANT ORGANISATION (ATO)**

Name of Organisation			
Trade name (as applicable)			
SACAA ATO Number	SACAA/ 1 _ _ _ /ATO		
Full business / residential address:	Postal Address:		
	Code		Code
e-mail address			
Telephone number		Cellular number	

**2. PARTICULARS IN RESPECT OF ATO POST HOLDERS**

Name	Position	Identity number	Nationality	Country of permanent residence

**3. APPLICATION FOR ISSUE OF AN FSTD QUALIFICATION**

**FSTD DETAILS – FOR INITIAL SACAA QUALIFICATION ONLY (Mark only applicable blocks)**

a.	Qualification Level applied for (Initial Only)				
b.	Type of simulated aircraft (Initial Only)	ICAO Designator (Type of aircraft)			
		Class of aircraft			
		Fidelity Level	Specific	Generic	
		Engine Fit/s			

c.	Device information (Initial Only)	FSTD manufacturer						
		FSTD serial number						
		Date of first entry into service in RSA	m	m	y	y	y	y
d.	Visual system (Initial Only)	Collimated system	Yes		No			
		Field of View	(Horizontal x Vertical in degrees)					
		Technology	(CRT, LCoS, DLP, Laser, monitors, etc)					
		Display Manufacturer	(for BITD/ FNPT only)					
		Image generator (IG) manufacturer	(for FTD and FFS only)					
		IG Model	(for FTD and FFS only)					
e.	Motion system (Initial Only)	Motion manufacturer	(for FFS only)					
		Motion model	(for FFS only)					
		Motion technology and Planes of Freedom	(Hydraulic, electric, etc) (Pitch, Roll, Heave etc)					
f.	Previous qualification (if Authority other than SACAA Qualified, for Initial Only)	FSTD Certificate #						
		Issued by						
		Qual level and Primary Ref Doc						
		Date of last Foreign evaluation	m	m	y	y	y	y

#### 4. APPLICATION FOR AMENDMENT OF AN FSTD QUALIFICATION

SACAA FSTD Registration Number	Z		-		
FSTD Certificate #		Expiry date			
Description of Amendment					

#### 5. APPLICATION FOR RENEWAL OF AN FSTD APPROVAL

SACAA FSTD Registration Number	Z		-		
FSTD Certificate #		Expiry date			

#### 6. SUPPORTING DOCUMENTS REQUIRED ON SITE (Mark only applicable blocks, leave blank if N/A)

a.	Statement of conformity		
b.	Copy of technical data		
c.	FSTD manuals, AFM, POH, QRH, Checklist		
d.	Copy of QTG's		

#### 7. FSTD MODIFICATION – DESCRIPTION (Please supply details of modifications if performance and/or QTG's are likely to be affected)


#### 8. THE APPLICANT HEREBY DECLARES THAT:

- copies of all training materials, documentation relating to this FSTD and QTG's will be made available to any South African Civil Aviation Authority inspector / auditor on request;
- the particulars provided in this application are true in every respect.

<b>SIGNATURE OF APPLICANT</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>
<b>SIGNATURE OF PEL INSPECTOR</b>	<b>NAME IN BLOCK LETTERS</b>	<b>DATE</b>